

Attorney's Docket No.: 14219-119US1
 Client's Ref. No.: P2004,0032 US N

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled CERAMIC MATERIAL, the specification of which:

is attached hereto.

was filed on _____ as Application Serial No. _____

was described and claimed in PCT International Application No. PCT/DE2005/000045 filed on January 14, 2005.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

Country	Application No.	Filing Date	Priority Claimed
WIPO	PCT/DE2005/000045	January 14, 2005	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Germany	102004002204.6	January 15, 2004	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Paul A. Pysher, Reg. No. 40,780
 Frank R. Occhiuti, Reg. No. 35,306
 Dennis G. Maloney, Reg. No. 29,670
 Tonya S. Drake, Reg. No. 57,861

Alan D. Smith, Reg. No. 32,005
 Mandy Jubang, Reg. No. 45,884
 Timothy A. French, Reg. No. 30,175
 Kevin Su, Reg. No. 57,377

Direct all telephone calls to PAUL A. PYSHER at telephone number (617) 521-7896.

Direct all correspondence to the following:

26161
 PTO Customer Number

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

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Combined Declaration and Power of Attorney
Page 2 of 2 Pages

Full Name of Inventor: ADALBERT FELTZ
Inventor's Signature: Adalbert Feltz _____ Date: 28. th August, 2006
Residence Address: Deutschlandsberg, Austria

Citizenship: Germany
Post Office Address: Burgegger Str. 50
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Full Name of Inventor: HEINZ FLORIAN

Inventor's Signature: _____ Date: _____
Residence Address: Bad Gams, Austria
Citizenship: Austria
Post Office Address: Klunkeraberg 79
A-8524 Bad Gams
AUSTRIA

Full Name of Inventor: MICHAEL SCHÖSSMANN

Inventor's Signature: Michael Schössmann Date: 28. August 2006
Residence Address: Frauental, Austria
Citizenship: Austria
Post Office Address: Amselweg 28
A-8523 Frauental
AUSTRIA

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Page 2 of 2 Pages

Full Name of Inventor: **ADALBERT FELTZ**

Inventor's Signature: _____ Date: _____
Residence Address: Deutschlandsberg, Austria
Citizenship: Germany
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Full Name of Inventor: **HEINZ FLORIAN**

Inventor's Signature: Heinz Florian Date: August 14th 2006
Residence Address: Bad Gams, Austria
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Full Name of Inventor: **MICHAEL SCHOSSMANN**

Inventor's Signature: _____ Date: _____
Residence Address: Frauenthal, Austria
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